V. S. No. 1

STATE OF MAR	YLAND-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	CERTIFICATE OF BEATH 9023
	108)
11 00 1	Registration Dist. No. 281
Village or City Walker del (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME Flora abrolum Bes	If U. S. Veteran, specify WAR
(a) Paridonca: No	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
5a. It married, widowed, or divorced HUSBANO ot	1997
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1. 1 21. 1027	5 77
6. DATE OF BIRTH (month, day, end year) 12 7. AGE Years Months Days It LESS then	to heve occurred on the date stated above, et. 12 1, 1921, deeth is said
// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, protession, or perticuler	were as tollows?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	7/31/27
9. Industry or business In which	1,942
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lelley due	
(State or country) met	
I 13. NAME William Byser	
13. NAME William Brown 14. BIRTHPLACE (city or town) Valley Ruc (State or country)	Neme of operation Dete of
(State of County)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Many of Ferwick 16. BIRTHPLACE (city or town) Drayden (State or country)	23. It death wes due to externel causes (VIOL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
- (State of County)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Wift and Quecoc	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place At Marks Construgete 1849, 7, 1937	Neture of Injury
7/ 19	24. Wes disease or injury in any wey releted to occupation of deceased?
19. UNDERTAKER Manager Layer (Address) Valley der had	If so, specify
a. 3 32 and 19	(Signed) A Recomm. D.
20. FILED Registrar.	(Address) heat mills med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 8 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANEL RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
EL REC	TLY. PH	ed. Exact	
PERMAN	d EXAC	rly classifi	cate.
THIS IS A	d be state	y be prope	k of certifi
ING INK-	AGE shoul	that it ma	tions on bac
H UNFAD	supplied.	in terms, se	See instruct
ELY, WIT	be carefully	EATH in pla	important.
WRITE PLA	ation should	AUSE OF D	TON is very important. See instructions on back of certificate.

	-CERTIFICATE OF DEATH 9024
1. PLACE OF DEATH	82-2
County St Marks	Registration Dist. No. 28/
Village or City Jennen in the	No. St., Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 70 yrs mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
1 amilia	
0	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Que 15 193.7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of of Thomas Blackston	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) benknown 1807	I last saw han alive on
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at/Lm.
70 un known of or mln.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER BOOKKEPPER etc.	- Valentiniae
SAWYER, BOOKKEEPER, etc.	- Cesital himoropasa 8pli
Nort was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end year) year) 11. Total time (years) spent in this occupation year)	
12. BIRTHPLACE (city or town) Research (State or country)	Other Coatribatory Caases of Importance:
	- allina se linasia 1930
14. BIRTHPLACE (city or town).	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME And forcest	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Thanas Harris (Address) Harris	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Iron July Date Aug 27, 1927	Nature of injury
19. UNDERTAKER Thomas Harris and (Address) Harris Harris and I had	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. SULA. 24., 19	(Signed) M. D. (Address) M. A. M. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis -1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago CED Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	-WRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	RECORD. Eve	LY. PHYSICIA	. Exact stateme
MARGIN RESERVED FOR BINDING.	PERMANE	d EXACT	erly classified
VED FOR	-THIS IS A	uld be state	lay be prope
IN RESER	DING INK-	I. AGE show	so that it m
MARG	TTH UNFA	fully supplied	n plain terms,
(PLAMLY,	ould be caref	CAUSE OF DEATH in plain terms, so that it may be properly
F.	-WRITE	mation sh	CAUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	948
County of Marys	Registration Dist. No. 28/
Village or City Leonard Coron	NoSt.,Ward
Length of residence in city or town where deeth occurred 25 yrsmo	Il death occurred in a hospital or institution, give its NAME instead of street and number)
$\Omega \Omega = \Omega = \Omega = \Omega$	
2. FULL NAME Clayton allen Brow	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	II nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mele White married	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. Thet I ettended deceased from
(or) WIFE of Mattie Grown	13 136 to Aug 14, 1937
A 1940	l lest saw because elive on May 13, 1937; death is seid
6. DATE OF BIRTH (month, day, and year) (MG / 6, 186) 7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, at 322A-m.
1 9 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence
Trade, profession, or particular	were es follows: Oate of onset
kind of work done, es SPINNER, Physice an SAWYER, BOOKKEEPER, etc.	Coronare Throm Joses 1932
9. Industry or business in which	Co. Co. Co. Janas Maria
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupetion (month end) 11. Totel time (years) spent in this 45	
yeer) ALE 136 occupation T	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	Circled hemorphose 12/10/36
(Stete or country)	- Peterio relavoses 1938
13. NAME John & Brown	'
13. NAME John Brown 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Debra Lotica Cox	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Debra dation (ox 16. BIRTHPLACE (city or town) Bollon	Accident, suicide, or homicide? Dete of Injury19
(State or country)	Where did injury occur?
17, INFORMANT Mrs. C. a. Brown	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Lon andtrum Md	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piace Doplan Hell enclose Mg 16, 1937	Nature of Injury
10 HARTTAKED Me C Matting - C.	24. Wes diseese or injury in any wey releted to occupation of deceased?
19, UNOERTAKER (Address) Leonardtown ma	If so, specify
A. 2 111.37 AM. 1. 9	(Signed) M. D
20. FILEO Mag 14, 190 Registrar.	(Address) great mills, hid

V. S. No. 1

T

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	I SECTIVE!	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	GED R 1987	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory can	ises of importance:		Other contributory causes of importance:	war in the	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	311	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephratis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SFP 6 1937	Jun 5,1927	Peritonitis	3 days ago	
MINERALI V.	8 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
OIM	01	MANILAND CENTILICATE	OI	DEVIII

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11	11	1	1
W	U	4	.0

1. PLACE OF DEATH		(E)	
county ST more		Registration Dist. No. 2 8	1
Village or City Scale	rul	No. St	Ward
Length of residence in city or town where death occurre	edyrsmo:	death occurred in a normal of manuation, give its IVAIVIC instead of street and	number)
2. FULL NAME Charles .	f. Onl.	[Winnessen]	103
C		4 0	
	I place of abode)	1 St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	
Then OR DIV	C, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH CLEER 30	, 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettended	
C DATE OF MOVIE (1.		
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months De)	ys I If LESS than	I last saw h alive on 1937	.; deeth is said
80	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this precuration (months and	l ormin.	Aduere, chronie Orliles,	Date of onset
9. Industry or business in which	2-1	and trying	
work was done, as SILK MILL, SAW MILL, BANK, etc		Crimary courses Chronic mephritis.	
10. Date deceesed last worked at this occupetion (month and year)	Total time (yeers) spent in this occupation	Duration: 18 months. Quiff.	
2. BIRTHPLACE (city or town) Price (State or country)		Other Contributary Causes of importance:	-
1 4/)	200	-	
13. NAME Thomas Col	2-	Name of operation Date of	-
(State of country)	mil	What test confirmed diegnosis? Was there an a	autopsy?
15. MAIDEN NAME Ceure Cue	leseen	23. If death was due to external ceuses (VIOLENCE) fill in elso the following	
15. MAIDEN NAME (cite Cite Cite Cite Cite Cite Cite Cite C	ne	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Sue on C	le	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Cree 31 (3)	Menner of injury	
9. UNDERTAKER & A. A. A. Preis,	are	Neture of injury 24. Was diseese or injury in any way related to occupetion of deceased?	
20. FILED aug 1 193	Kengy.	If so, specify	
	Registrar.	(Address)	gly

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Y & D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 8 153			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9028
1. PLACE OF DEATH	93-0
County St Massage	Registration Dist. No. 281
Village or City Reason	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Prederick In Davis	If U. S. Veteran, specify WAR Warld
(a) Residence: No. 1407 Mon La (Usual place of abode)	St., Ny Ward. Washington D. (If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Nelles Davis	22. HEREBY CERTIFY, That hattended deceased from unattended agreement deals
6. DATE OF BIRTH (month, dey, end yeer) March 19 1888	I lest saw h alive on, 19; deeth is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at 4,40 P.m.
49 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
Frede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Coronery Throns Stain + 1936 Chronic myreard iting Duration 2
SAW MILL, BANK, etc	about two years. Craft &
12. BIRTHPLACE (city or town) Planan Later (State or country)	Other Contributory Causes of Importance:
13, NAME William A Davis	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Oate of
15. MAIDEN NAME LOUD OF CERTIFICATION	Whet test confirmed diegnosis?
16. BIRTHPLACE (city or town) Phila-Allphia (Stete or country)	Accident, suicide, or homicide? Dete of Injury, 19 Where did Injury occur?
17. INFORMANT Nellie David (Address) Washington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Menumble Lina: Oate Mug 30, 1937.	Neture of injury
19. UNDERTAKER (Address) Washington D. C.	24. Wes disease or injury in any wey related to occupetion of deceased? If so, specify
20. FILED Aug 28, 1937 Pf Bran hun Registrer.	(Signed) M.D. (Address) But half had

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evample II

Example 1	1	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP 8 1937				
Other contributory causes of importance?		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			= a deta	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
-								

TH UNFADING INK-THIS IS A PERMANEN -WRITE PLAINLY. mation should b CAUSE OF DE TION is very ir

17. INFORMANT

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, DR REMOVAL

MARGIN RESERVED FOR BINDING

state UPA-	STATE OF MARYLAND-	CERTIFICATE OF DEATH 9029
	1. PLACE OF DEATH County St. UL au S	Registration Dist. No. 2 8 C
of Sh	Village or City archive	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIANS ict statement	2. FULL NAME Many and Bair	lata Larly
HYS t sta	(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
× E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3, 193 7 (Month) (Day) (Year)
X A C T L	58. If merried, widowed, or divorced HUSBAND of (or) WIFE of Selection from Barley	22. I HEREBY CERTIFY, That I attended deceased from 7 - 2 (
	6. DATE OF BIRTH (month, day, end year) 8 - 16 - 5 9	I last saw here elive on 2, 192, death is sald
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.20.5.2-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be of	8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.	atturoschus Spa.
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chan hefleriti
FT + 0	10. Date deceased lest worked at this occupation (month end 6 - 12 spent in this occupation 3 0	
so so	12. BIRTHPLACE (city or town) But land (State or country)	Other Contributory Causes of importance:
4	13. NAME Sugar Polinger	
ly lai	14. BIRTHPLACE (city or town) (State or country)	Name of operation
2.	15. MAIDEN NAME Butal Italian	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
ATH nport	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?

V. S. No. 1

B

Registrar.

Manner of injury Nature of injury

If so, specify

(Address) _.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were	and the official transfer of the same of t	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Addrass)

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, spacify ...

24. Was disaasa or injury in any way related to occupation of deceasad?

(Address) Alona as alway hick

Date of onset

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 2 INT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 9031
1. PLACE OF DEATH	50
· County Dt. Marys	Registration Dist. No. 2 & C
Village or City auchue, Md.	NoSt.,War
	s. 2.4.ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Mary B. Tiel	
(a) Residence: No. Quenue, Md.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (Or) WIFE of Marian Still	22. I HEREBY CERTIFY. That I attended deceased from 1937, to lings 12, 1937
DATE OF BIRTH (month, day, and year) July 15, 1880	flast saw here alive on dung. 12. 19.37; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:55 P.m.
57 0 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT11 and related causes of importance were as follows: Date of one
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato daceasad last worked at this occupation (month and specific programs).	(Quinary) flue 1 1936
To: Dato daceasad last worked at this occupation (month and year) 11. Total time (years) spent in this 39 year	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
13. NAME. Laurson Vallanding Kana	A fine 1)
13. NAME. Lausan Vallanding Kam 14. BIRTHPLACE (city or town)	Name of operation Removal, I breast Date of March!
(Stata or country) Many land.	What test confirmed diagnosis? Blocket Was there en eu'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Mr. Marian Still (Addrass) Quenge Mrs.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Sacred Stears Cemeter Place Dushevord Med. Date July 16, 1997	Manner of Injury
19. UNDERTAKER Alle Gelele Sucop. (Address) Chaplies, Md.	24. Was disease or injury In any way related to occupation of deceased?
20 EUED & 11- 103 > 12 10 Police	(Signed) Claysups C Wilch M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requenting V. S. No. 1.

Registrar.

(Address) __/__

D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREM			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	(944)
County St. Masys	Registration Dist. No. 28
	NO. St., World of the state of
$\Lambda \cap \Lambda$	St., Ward. If u. S. Veteran, specify WAR St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildows	21. DATE OF DEATH (Month) 10 ,193 7 (Year)
ia. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Catherine Jarboe	22. I HEREBY CERTIFY. Thet I attended deceased f
5. DATE OF BIRTH (month, day, and year) Cfrill 7 1858 7. AGE Yeers Months Days If LESS then	I last saw have alive on Ready 8, 19.37; death is to have occurred on the dete stated above, at 4. P. m.
7 9 4 1 1 day,hrs.	
Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Evrousy Thrombour 1935
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1932 spent in this occupation 500 spen	
12. BIRTHPLACE (city or town) Galifernia (Stata or country)	Other Coatributary Causes of Importenca:
13. NAME Thomas Parboe	
13. NAME Thomas farbore 14. BIRTHPLACE (city or town) Callifornia (State or country) Mary land	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Clyde farbee	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Aff. Mary City 18. BURIAL, CREMATION, OR REMOVAL Place If for the Environment of the place of the	Manner of Injury
19. UNDERTAKER E. L. Robinson	24. Wes diseesa or injury in any way ralated to occupation of decaasad?

-WRITE PLA V. S. No. 1 B

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully

UNFADING INK-

CAUSE OF DEATH in plain terms, so that it may

PERMANE

FOR BINDING

MARGIN RESERVED

item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1937	July 5,1927	Peritonitis	3 days ago
,	BUREAU V S			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallistones		May 1,1923	Gastroenteritis	1 year
		1 '		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLA	CE OF DEATH				23		2
Cou	nty for man	~	2 '			Registration Dist. No. 2	46
	ige or City Dod th of residence in city or town	lle.	1			St., ulion, give its NAME instead of street a	War
2. FUL	L NAME Ma Residence: No. Oo	rg a	Usual place	Enatt	St., Ward.	of foreign birth?yrs	
PE	RSONAL AND STA	TISTIC	AL PART	CULARS	MEDICAL C	CERTIFICATE OF DEATH	
3. SEX Fema	4. COLOR OR RAI		S. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 / (Year)
HUSBA (or) W		8	ing	le	22. I HEREB	Y CERTIFY, That I attend	dad decoased from
6. DATE OF	BIRTH (month, day, and year	5	-26-	- 5-4	I last saw how alive on	aug 25 193	Z: death is sal
7. AGE 8	3 Years Mon		Days	If LESS than 1 day,hrs.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA	ted above, At 17.50 mm. The and related causes of importance	
5	de, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc.	R. Ha	use ke	elser	were as follows:		Date of onset
9. 10.00	Istry or business in which work was done, as SILK MILL SAW MILL, BANK, etc				Chrone	My-curditis	1
0	deceased last worked at this occupation (month and year)		spe	ime (years) nt in this upation			
	LACE (city or town)	nai	Zlan	al	Other Contributory Causes of imp	ortanca:	
13. NAN	IE Bolosque	ret	18nv	th	Julmon	ary 7-13.	
	MPLACE (city or town)	1.	maryis	Co	Nama of operation	Date o	
15. MAI	DEN NAME GOTOS	tores	dag	woll.		uses (VIOL ENCE) fill in also the follow	
16. BIRT	THPLACE (city or town)	1. 9	nary	is Ca.		Date of injury	
17. INFORMA (Add		nie	, cl	lio_		(Specify city or town, county and in INDUSTRY, In HOME, or in PUBLIC	State) PLACE,
	cremation, or removal	earl.	Date Qu	9-30,.1937	Manner of injury		
19. UNDERT/		ex h	relet	V Luc		way related to occupation of decaased?	
20, FILED.	2>-19.3>	H.V	fal	Registrar.	(Signed) Clay .	Chaptico n	nd

V. S. No. 1

item of infor-

RECORD, Every

Exact statement of OCCUPA-

stated EXACTLY.

FOR BINDIN

MARGIN RESERVED

WITH UNFADING INK-THIS IS A PERMANE

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. PLACE OF DEATH	(02)
	County the Macy &	Registration Dist. No. 282
	Village or City In - Large acabone	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
	FULL NAME dey morupson	
	(a) Residence: No. (Usual place of abode)	U St., Ward. If nonresident give city or town and State
2000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yest)
5a.	If married, widewed, or diversed HUSBAND of (or) WHE of Masserie Smith	22. I HEREBY CERTIFY, That Fattended deceased from
6	DATE OF BIRTH (month, day, end year)	I last saw h Alvern Que (4 ,19 5.7; death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	all 73 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceusos of importance were as follows:
NO	8. Trede, profession, or perticular	Date of onset
ATIC	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	(lecidula)
UPA	work was done, as SILK MILL, SAW MILL, BANK, etc	proung
OCCUPATION	10. Date deceased last worked at 11. Total time (years)	These was no boat involvedas
_	this occupation (month and spant In this year)	manner of occurrence unknown. Childe.
12.	BIRTHPLACE (city or town) MA (State or country)	Other Contributory Causes of importance:
ER	13. NAME (Mulcuscor)	
FATHER	14. BIRTHPLACE (city or town) Mulluson	Name of operation
	(State or country)	What test confirmed diegnosis? Was there an au'opsy? 20
MOTHER	15. MAIDEN NAME Aufurour	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
011	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Osciolenta Date of injury 19
Σ	(State or country)	Where did injury occur?
17.	(Address) Journa frien Web	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CHEMATION, OR REMOVAL	Manner of injury
	Plecelt Place Castle Date 113 ,197	Neture of injury
19.	UNDERTAKER Wis 6. Meggerings	24. Was disease or injury in any way related to occupation of deceased?
	(Addiess) Slovershow	If so, specify
20.	FILED 14, 1937 Cacuality Registrar.	(Signed) for a wather MD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	. Gastroenteritis	1 year

2. FULL NAME 3. SEX S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data dacaasad last worked at 11. Total tima (yaars) spent in this this occupation (month and vear) occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER C (Address)

22. CERTIFY. That I attended deceased from 1930 to aug 6 1937 to have occurred on the date stated above, at/. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of enset Other Contributory Causes of Importance: Name of oparation_____ What test confirmed diagnosis? Was there an autopsy?

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or Injury in any way related to occupation of decasad?

Nature of injury_____

Manner of Injury

If so, specify __ (Signed)___

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Accident, suicide, or homicide?______ Date of Injury_____ 19____

(Specify city or town, county and State)

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